PLEASE TYP	E OR PRINT	Entered previous May Show
		Ver □ no
Ms.		1 + Maily
Mr. Artist		100t
Permanent Address	14 BO	X 136 That Name Last)
24071	Street Tel. 70	745. 3546
Zip	Area Code	
Temporary or Studio Addres		
	Street	City
	Tel. ()
Zip	Area Code	
Collaborator_		
	(If An	
If May Show e		cepted or not sold:
☐ Artist will	pick up at Muse	eum.
	hould dispose of	
Museum s to this a	hould ship to and ddress:	tist at artist's expense
FL	OYD VI	RGINIA 2409
Special Instru	ctions	
		instructions or a drawing of
		oled and displayed.
	20 0000111	

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

DO NOT DETACH